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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		000309.0049
Application Number	10/659,278-Conf. #5691	Filed September 11, 2003
For SURFACE ELECTRICAL STIMULATION FOR INCREASING THE QUALITY AND QUANTITY OF SYNOVIAL FLUID IN JOINTS		
Art Unit	3762	Examiner G. C. Manuel

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  
Deposit Account Number 23-2185. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form.  
Provide credit card information and authorization on PTO-2038.

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 28,419

attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

  
Signature \_\_\_\_\_ May 15, 2008  
\_\_\_\_\_  
Michael C. Greenbaum (202) 772-5800  
Typed or printed name \_\_\_\_\_ Telephone Number \_\_\_\_\_

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.